TENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								09934661					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	SMALL ENTITY OTHER THAN					
TOTAL CLAIMS			33				RAT	Е	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			33 _minus 20=		• 13		X\$ 9) =		OR	X\$18=	23 A	
INDEPENDENT CLAIMS			→ minus 3 =		*		X40	=		OR	X80=	- <u>-) </u>	
ΜU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				100				070		
* If the difference in column 1 is less than zero, e					"0" in c	column 2	+135			OR	+270=		
							TOTA	AL L		OR	TOTAL	944	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMA	LL E	NTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	X40:	=		OR	X80=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		+135	_	*	OR	+270=		
•	(Column 1) (Column 2) (Column 3)							TAL			TOTAL ADDIT. FEE		
								EE L		<i>, ب</i>	ADDII. PEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	X40:	=		OR	X80=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI				CLAIM		+135				+270=		
							TO:			OR	TOTAL		
							ADDIT. F			OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colur		(Column 3)	1						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATI		ADDI- FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=	•	OR	X\$18=		
	Independent	*	Minus	***		=	X40=	=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\dashv					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													

FORM PTO-875 (Rev. 8/00)

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